

SENATE BILL 1182  
By Cooper

AN ACT to amend Tennessee Code Annotated, Title 56, to  
enact the "Insurance Equality Act of 2005".

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. The title of this act is and may be cited as the "Insurance Equality Act of 2005".

SECTION 2. Tennessee Code Annotated, Section 56-32-229, is amended by adding the following new subsections:

(c)

(1) Any covered services provided within the scope of practice of a participating health care provider within a class of providers, shall be compensated at the same level as equivalent services provided by any other participating health care provider licensed in the practice of medicine and surgery pursuant to title 63, chapters 6 or 9.

(2) Services shall be deemed equivalent if the services are described using the same current procedural terminology codes as published by the American Medical Association, or any successor coding system.

(3) For the purposes of the current procedural terminology code, or any successor code, which is restricted to use only by specific health care providers with the exception of providers licensed under title 63, chapters 6 or 9, the same level of compensation means the compensation level that has the same ratio to the then current payment levels in the federal medicare resource based relative value system for those restrictive codes as the compensation level for evaluation and management services codes, any equivalent code utilized under the

medicare resource based relative value system, or any successor coding system has to the current payment levels in the federal medicare resource based relative value system for evaluation and management services codes.

(4) This subsection shall not be interpreted to prohibit a policy from reimbursing participating health care providers within a class of providers, using a flat fee per visit or per case if the fee bears a reasonable relationship to the number and types of services provided and if the per visit or per case fees are determined in a manner that is consistent with the compensation parameters established in subdivision 1 of this subsection

(5) If the health insurance coverage or benefits of the managed health insurance issuer, as defined in § 56-32-228, accepts a person engaged in the practice of medicine or surgery licensed under title 63, chapters 6 or 9 as a participating provider to provide covered services, the person issuing the policy shall accept as a participating provider to provide covered services any participating health care provider within a class of providers who agrees to comply with the terms, conditions, reimbursement rates, and standards of quality of the health benefit plan.

(6) The policy or insurance coverage of each managed health insurance issuer, as defined in § 56-32-228, shall contain a provision that::

(A) A covered person shall have direct access to any participating health care provider within a class of providers selected by the covered person, without prior referral; and

(B) Shall ensure an adequate number of participating health care providers within a class of providers to provide reasonable accessibility,

timeliness of care, convenience and continuity of care to the covered person.

(d) The commissioner of commerce and insurance shall modify any relevant rules and regulations promulgated pursuant to the "Tennessee Health Insurance Portability, Availability and Renewability Act", codified at title 56, chapter 7, part 28, to reflect the changes required pursuant to subsection (c).

SECTION 3. For purposes of promulgating necessary rules and regulations, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes this act shall take effect July 1, 2005, and shall apply to all applicable policies of insurance entered into or renewed on or after the effective date of this act.